

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5354**

OFFERED BY M r. Engel

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Gestational Diabetes
3 Act of 2010” or the “GEDI Act”.

4 SEC. 2. GESTATIONAL DIABETES.

5 Part B of title III of the Public Health Service Act
6 (42 U.S.C. 243 et seq.) is amended by adding after section
7 317H the following:

8 “SEC. 317H-1. GESTATIONAL DIABETES.

9 “(a) UNDERSTANDING AND MONITORING GESTA-
10 TIONAL DIABETES.—

11 “(1) IN GENERAL.—The Secretary, acting
12 through the Director of the Centers for Disease
13 Control and Prevention, in consultation with the Di-
14 abetes Mellitus Interagency Coordinating Committee
15 established under section 429 and representatives of
16 appropriate national health organizations, shall de-
17 velop a multisite gestational diabetes research
18 project within the diabetes program of the Centers

1 for Disease Control and Prevention to expand and
2 enhance surveillance data and public health research
3 on gestational diabetes.

4 “(2) AREAS TO BE ADDRESSED.—The research
5 project developed under paragraph (1) shall ad-
6 dress—

7 “(A) procedures to establish accurate and
8 efficient systems for the collection of gestational
9 diabetes data within each State and common-
10 wealth, territory, or possession of the United
11 States;

12 “(B) the progress of collaborative activities
13 with the National Vital Statistics System, the
14 National Center for Health Statistics, and
15 State health departments with respect to the
16 standard birth certificate, in order to improve
17 surveillance of gestational diabetes;

18 “(C) postpartum methods of tracking
19 women with gestational diabetes after delivery
20 as well as targeted interventions proven to
21 lower the incidence of type 2 diabetes in that
22 population;

23 “(D) variations in the distribution of diag-
24 nosed and undiagnosed gestational diabetes,
25 and of impaired fasting glucose tolerance and

1 impaired fasting glucose, within and among
2 groups of women; and

3 “(E) factors and culturally sensitive inter-
4 ventions that influence risks and reduce the in-
5 cidence of gestational diabetes and related com-
6 plications during childbirth, including cultural,
7 behavioral, racial, ethnic, geographic, demo-
8 graphic, socioeconomic, and genetic factors.

9 “(3) REPORT.—Not later than 2 years after the
10 date of the enactment of this section, and annually
11 thereafter, the Secretary shall generate a report on
12 the findings and recommendations of the research
13 project including prevalence of gestational diabetes
14 in the multisite area and disseminate the report to
15 the appropriate Federal and non-Federal agencies.

16 “(b) EXPANSION OF GESTATIONAL DIABETES RE-
17 SEARCH.—

18 “(1) IN GENERAL.—The Secretary shall expand
19 and intensify public health research regarding gesta-
20 tional diabetes. Such research may include—

21 “(A) developing and testing novel ap-
22 proaches for improving postpartum diabetes
23 testing or screening and for preventing type 2
24 diabetes in women with a history of gestational
25 diabetes; and

1 “(B) conducting public health research to
2 further understanding of the epidemiologic,
3 socioenvironmental, behavioral, translation, and
4 biomedical factors and health systems that in-
5 fluence the risk of gestational diabetes and the
6 development of type 2 diabetes in women with
7 a history of gestational diabetes.

8 “(2) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$5,000,000 for each fiscal year 2012
11 through 2016.

12 “(c) DEMONSTRATION GRANTS TO LOWER THE RATE
13 OF GESTATIONAL DIABETES.—

14 “(1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention, shall award grants, on a
17 competitive basis, to eligible entities for demonstra-
18 tion projects that implement evidence-based inter-
19 ventions to reduce the incidence of gestational diabe-
20 tes, the recurrence of gestational diabetes in subse-
21 quent pregnancies, and the development of type 2 di-
22 abetes in women with a history of gestational diabe-
23 tes.

1 “(2) PRIORITY.—In making grants under this
2 subsection, the Secretary shall give priority to
3 projects focusing on—

4 “(A) helping women who have 1 or more
5 risk factors for developing gestational diabetes;

6 “(B) working with women with a history of
7 gestational diabetes during a previous preg-
8 nancy;

9 “(C) providing postpartum care for women
10 with gestational diabetes;

11 “(D) tracking cases where women with a
12 history of gestational diabetes developed type 2
13 diabetes;

14 “(E) educating mothers with a history of
15 gestational diabetes about the increased risk of
16 their child developing diabetes;

17 “(F) working to prevent gestational diabe-
18 tes and prevent or delay the development of
19 type 2 diabetes in women with a history of ges-
20 tational diabetes; and

21 “(G) achieving outcomes designed to assess
22 the efficacy and cost-effectiveness of interven-
23 tions that can inform decisions on long-term
24 sustainability, including third-party reimburse-
25 ment.

1 “(3) APPLICATION.—An eligible entity desiring
2 to receive a grant under this subsection shall submit
3 to the Secretary—

4 “(A) an application at such time, in such
5 manner, and containing such information as the
6 Secretary may require; and

7 “(B) a plan to—

8 “(i) lower the rate of gestational dia-
9 betes during pregnancy; or

10 “(ii) develop methods of tracking
11 women with a history of gestational diabe-
12 tes and develop effective interventions to
13 lower the incidence of the recurrence of
14 gestational diabetes in subsequent preg-
15 nancies and the development of type 2 dia-
16 betes.

17 “(4) USES OF FUNDS.—An eligible entity re-
18 ceiving a grant under this subsection shall use the
19 grant funds to carry out demonstration projects de-
20 scribed in paragraph (1), including—

21 “(A) expanding community-based health
22 promotion education, activities, and incentives
23 focused on the prevention of gestational diabe-
24 tes and development of type 2 diabetes in
25 women with a history of gestational diabetes;

1 “(B) aiding State- and tribal-based diabe-
2 tes prevention and control programs to collect,
3 analyze, disseminate, and report surveillance
4 data on women with, and at risk for, gesta-
5 tional diabetes, the recurrence of gestational di-
6 abetes in subsequent pregnancies, and, for
7 women with a history of gestational diabetes,
8 the development of type 2 diabetes; and

9 “(C) training and encouraging health care
10 providers—

11 “(i) to promote risk assessment, high-
12 quality care, and self-management for ges-
13 tational diabetes and the recurrence of ges-
14 tational diabetes in subsequent preg-
15 nancies; and

16 “(ii) to prevent the development of
17 type 2 diabetes in women with a history of
18 gestational diabetes, and its complications
19 in the practice settings of the health care
20 providers.

21 “(5) REPORT.—Not later than 4 years after the
22 date of the enactment of this section, the Secretary
23 shall prepare and submit to the Congress a report
24 concerning the results of the demonstration projects

1 conducted through the grants awarded under this
2 subsection.

3 “(6) DEFINITION OF ELIGIBLE ENTITY.—In
4 this subsection, the term ‘eligible entity’ means a
5 nonprofit organization (such as a nonprofit academic
6 center or community health center) or a State, trib-
7 al, or local health agency.

8 “(7) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$5,000,000 for each fiscal year 2012
11 through 2016.

12 “(d) POSTPARTUM FOLLOW-UP REGARDING GESTA-
13 TIONAL DIABETES.—The Secretary, acting through the
14 Director of the Centers for Disease Control and Preven-
15 tion, shall work with the State- and tribal-based diabetes
16 prevention and control programs assisted by the Centers
17 to encourage postpartum follow-up after gestational diabe-
18 tes, as medically appropriate, for the purpose of reducing
19 the incidence of gestational diabetes, the recurrence of
20 gestational diabetes in subsequent pregnancies, the devel-
21 opment of type 2 diabetes in women with a history of ges-
22 tational diabetes, and related complications.”.

